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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/833,148	04/11/2001	Yusuke Kimata	P/2850-48	1646

7590 05/12/2009
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EXAMINER

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ART UNIT	PAPER NUMBER
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3626

MAIL DATE	DELIVERY MODE
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05/12/2009

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

DETAILED ACTION

Notice to Applicant

1. This communication in response to the communication filed 10/15/08 and 4/24/08. Claims 2-18 are pending.
2. Applicant's request for reconsideration of the finality of the rejection of the last Office action is persuasive and, therefore, the finality of that action is withdrawn.

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.
4. Claims 2-16 and 17-18 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Claims 2-16

The final step(s) of claim 2 has/have been amended to recite “providing at least one of the plurality of hospital terminals with the patient user’s medical treatment information from the database using the user ID, the second password, the hospital ID, and the hospital password as keys, and store updated patient user medical treatment information in the database using the user ID, the second password, the hospital ID, and the hospital password as keys.”

As presently recited it is unclear how the phrase/step "...and store updated patient user medical treatment information in the database using the user ID, the second password, the hospital ID, and the hospital password as keys" fits into the current claim language. In other words, it is unclear what aspect of the recited method the phrase is intended to modify. Alternatively it is unclear whether applicant intends to claim a separate step of "storing updated patient user information in the database..." and if this involves "at least one of the plurality of hospital terminals" or not.

It should be noted that where a claim sets forth a plurality of elements or steps, each element or step of the claim should be separated by a line indentation. 37 CFR §1.75(i).

Furthermore, claim 2 has been amended to recite "a database for managing information concerning medical treatment of *an patient user...*" (lines 3-4 of claim 2) and "storing information concerning *the patient* user's medical treatment (lines 8-9). However, the preamble of the claim also recites "sharing information concerning medical treatment of *an individual that uses* a network system" (lines 1-2 of claim 2). It is unclear if the "individual that uses the network" is the same as the "patient user" or if these are intended to be separate entities. For clarity, the same terminology should be used to refer to the same element or component throughout the claim language.

Claim 3-16 inherit the deficiencies of claim 2 through dependency, and are therefore also rejected.

Claims 17-18

It is unclear to the examiner what aspect of the invention the applicant intends to claim in claim 17. The preamble of claim 17 currently recites a "system." However, the body of the claim recites a database and computer readable media. The examiner understands a system to include structural/hardware components. However, the claim fails to positively recite any structural components (e.g. processor, computer) which allow the functionality of the program(s) to be realized.

Claim 17 has been amended to recite: "a database containing information concerning medical treatment of a user wherein the user is a patient..." However, the claim later recites "...sends *a user* password and a second password to *a user* terminal" and also recites "...requests the second password when a person other than the user accesses the database containing space where the information..."

It is noted that the term "user" can be applied to anyone who uses/ interacts with the recited system. As it is currently written, it is unclear whether the word "user" is intended to be the patient throughout the entire claim. For, example, in the phrase, "...sends *a user* password and a second password to *a user* terminal" there is no antecedent reference to the "patient as the user." It is unclear to the Examiner the which party receives the password and second password and at which terminal.

For clarity, the same terminology should be used to refer to the same element or component throughout the claim language.

Claim 18 inherits the deficiencies of claim 17 through dependency, and is therefore also rejected.

5. Claim 18 recites the limitation "the computer system of claim 17" in line 1. There is insufficient antecedent basis for this limitation in the claim. Claim 17 does not recite a "computer system." In particular, there is no computer recited in the preamble or body of claim 17.

Claim Rejections - 35 USC § 103

6. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

7. Claims 2,3, are 11 rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg (US 6,463,417) in view of Gray (6,149,585)

As per claim 2, Schoenberg teaches a method for sharing information of an individual that uses a network system in which a plurality of hospital terminals, a plurality of user terminals, and a database terminal for managing a database of information of a patient user are mutually connected via a communication network, the method comprising:

- providing the patient user a user ID via at least one of the plurality of user terminals with a user password, a second password, and space for storing information concerning medical treatment of an individual in the database (Figure

1; col. 4, lines 52-col. 5, lines 25—codes provided to patients or healthcare providers);

- notifying at least one of the plurality of hospital terminals of the user ID and the second password of the patient user and (Schoenberg: Figure 2; col. 4, lines 52-65-col. 5, line 25; col. 6, lines 1-25—codes entered and authorization):
- providing at least one of the plurality of hospital terminals with the patient user' s medical treatment information from the database using the user ID, and the second password, as keys, and (Schoenberg: Figure 2; col. 4, lines 52-col. 5, lines 25, lines 33-col. 6, line 44); and
- store/storing updated patient user medical treatment information in the database using the user ID, and the second password, as keys. (Schoenberg: Figure 2; col. 4, lines 52-col. 5, lines 25, lines 33-col. 6, line 44)

Schoenberg discloses the method as described above, but does not expressly disclose providing a hospital ID and a hospital password via at least one of the plurality of hospital terminals.

Gray discloses:

- providing a hospital with a hospital ID and a hospital password via at least one of the plurality of hospital terminals; (Gray: Figures 7-8; col. 8, lines 14-20, 26-32)
- providing at least one of the plurality of hospital terminals with the patient user' s medical treatment information from the database using the hospital ID, and the hospital password as keys (Gray: Figures 7-8, 19-22; col. 8, lines 14-20, 26-32; col. 9, lines 42-col. 10, line 44); and

- store/storing updated patient user medical treatment information in the database using the hospital ID, and the hospital password as keys (Gray: Figures 7-8, 19-22; col. 8, lines 26-32; col. 9, lines 42-col. 10, line 44)

At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Schoenberg with the teaching of Gray to include providing a hospital ID and a hospital password to access patient record data. One would have been motivated to include this feature to provide an additional layer of security limiting access between the organization's diagnostic program on an internal network. (Gray: col. 2, lines 50-57)

As per claim 3, Schoenberg discloses the method for sharing information concerning medical treatment of an individual, further comprising receiving the user ID and the user password and displaying the patient user's user views individual medical treatment information to the patient user on the database. (Schoenberg: col. 4, lines 52-col. 5, lines 25;)

As per claim 11, Schoenberg discloses the method for sharing information concerning medical treatment of an individual, further comprising restricting access by a hospital to the space where the patient user's medical treatment information is stored when the patient user specifies the hospital using the user ID and the user. (Schoenberg: col. 4, lines 52-col. 5, lines 25)

8. Claims 12, and 16 are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg (US 6,463,417) and Gray, in further view of Mayaud (5,845,255).

As per claim 12, Schoenberg and Gray disclose the method of claim 2, as explained in the rejection of claim 2, but does not expressly disclose: incorporating a cooperating company terminal that is used by a cooperating company that is in cooperation with whoever is managing the database is incorporated into the network system and, using this network system; providing the cooperating company with a cooperating company ID and cooperating company password; allowing the patient user to give permission for the individual medical treatment information to be made available to the cooperating company using the user ID and user password as keys; and providing the cooperating company with the individual patient user's medical treatment information from the database using the cooperating company ID and cooperating company password as keys.

Mayaud discloses incorporating a cooperating company terminal that is used by a cooperating company that is in cooperation with whoever is managing the database is incorporated into the network system and, using this network system; providing the cooperating company with a cooperating company ID and cooperating company password; allowing the patient user to give permission for the individual medical treatment information to be made available to the cooperating company using the user ID and user password as keys; and providing the cooperating company with the individual patient user's medical treatment information from the database using the

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cooperating company ID and cooperating company password as keys. (Mayaud, col. 10, lines 41, 44; col. 17, lines 27-28; col. 46, lines 41-44; col. 18, lines 6-23). Mayaud teaches that the data-access control software is controlled by patients with data-access rights. The patients have the ability to control the access of organizations to stored patient records through the use of passwords, social security numbers, and alphanumeric codes.

At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to combine method/system of Schoenberg and Gray in combination with the teachings of Mayaud. As suggested by Mayaud, one would have been motivated to include this feature to provide third-party participants of the healthcare system with data on a "need to know" basis, while protecting patient privacy. (col. 10, lines 20-27)

As per claim 16, Schoenberg and Gray disclose the method of claim 2 as explained in the rejection of claim 2. However, Schoenberg does not disclose: sending the database terminal a request from the hospital terminal or from the cooperating company terminal for the patient user's medical treatment information of the user to be made available and transfers the request to the user terminal of the patient user; receiving an approval from the user terminal regarding the request for the patient user's medical treatment information to be made available.

Mayaud discloses a method for sharing information concerning medical treatment of an individual further comprising: sending the database terminal a request

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from the hospital terminal or from the cooperating company terminal for the patient user's medical treatment information of the user to be made available and transfers the request to the user terminal of the patient user; receiving an approval from the user terminal regarding the request for the patient user's medical treatment information to be made available, (Mayaud, col. 10, lines 12-66; col. 17, lines 40-54; col. 18, lines 6-23; col. 50, lines 48-54)(providing the patient with the ability to predetermine access to their own data).

At the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to combine method/system of Schoenberg and Gray in combination with the teachings of Mayaud. As suggested by Mayaud, one would have been motivated to include this feature to provide third-party participants of the healthcare system with data on a "need to know" basis, while protecting patient privacy. (col. 10, lines 20-27)

9. Claims 4-6, are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg and Gray as applied to claims 2- 3, 11 above, and further in view of Nelson et al., (U.S. 6,564,104).

As per claim 4, Schoenberg and Gray disclose the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the hospital when the hospital acquires individual medical treatment information from the database.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the hospital when the hospital acquires individual medical treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the system to a clinical entity on a fee per use or per data access basis is considered to be analogous to the method in claim 4 where the data is acquired).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg and Gray. The motivation would have been to provide a vital system and method of delivering efficient therapy and clinical care to the patient, (Nelson, col. 6, lines 22-25).

As per claim 5, Schoenberg and Gray disclose the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the hospital when the hospital saves updated individual medical treatment information from the database.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the hospital when the hospital saves updated individual medical treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the system to a clinical entity on a fee per use or per data access basis is considered to be analogous to the method in claim 4 where the data is saved).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg and Gray. The motivation would have been to provide a vital system and method of delivering efficient therapy and clinical care to the patient, (Nelson, col. 6, lines 22-25).

As per claim 6, Schoenberg and Gray disclose the method for sharing information concerning medical treatment of an individual according to claim 3. However, Schoenberg fails to teach a method for sharing information wherein a charge is levied on the user when the user views individual medical treatment information.

Nelson teaches a medical communications system for sharing information concerning medical treatment, wherein a charge is levied on the user when the user views individual medical treatment information, (Nelson, col. 16, lines 46-49) (providing the system to a host patient on a fee per use or per data access basis is considered to be analogous to the method in claim 5 where the user views data).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg and Gray. The motivation would have been to provide a vital system and method of delivering efficient therapy and clinical care to the patient, (Nelson, col. 6, lines 22-25).

10. Claims 13, is rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg, Gray and Mayaud as applied to claim 12 above, and further in view of Nelson et al., (U.S. 6,564,104).

As per claim 13, Schoenberg, Gray, and Mayaud disclose the method for sharing information concerning medical treatment of an individual according to claim 12. However, Schoenberg and Mayaud fail to teach a method for sharing information wherein a charge is levied on the cooperating company when the cooperating company acquires individual medical treatment information from the database.

Nelson suggests a medical communications system for sharing information concerning medical treatment, information wherein a charge is levied on the cooperating company when the cooperating company acquires individual medical treatment information from the database, (Nelson, col. 16, lines 46-49) (providing the system to a host patient or a clinical or a clinical entity on a subscription basis, on a fee per use, or per data access basis is considered to be analogous to the method in claim 5 where the cooperating company acquires data).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with Schoenberg, Gray and Mayaud in combination in order to provide information to third parties such as cooperating companies. The motivation would be to provide a high efficiency communications system to enhance data communications, (Nelson, col. 4, lines 37-39).

11. Claims 7- 8, are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg and Gray, in further view of Anderl et al, (U.S. 4,882,474).

As per claim 7, Schoenberg and Gray suggests the method for sharing information concerning medical treatment of an individual according to claim 2.

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However, Schoenberg fails to teach a method for sharing information concerning medical treatment of an individual, wherein the user password is further comprising altering using the user ID and the user password.

Anderl suggests a method wherein the user password is altered using the user ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines 4-10). In Anderl, a login command and password is entered before the user is allowed to change a password. A login command is considered to be analogous to the entry of a user I.D. At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the method of Schoenberg and Gray with the teachings of Anderl. As suggested by Anderl, one would have been motivated to include this feature to provide security protection and flexibility in permitting different system applications. (col. 2, lines 17-20)

As per claim 8, Schoenberg and Gray suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information concerning medical treatment of an individual, wherein second password is altered using the user ID and the user password.

Anderl suggests a method wherein a second password is altered using the user ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines 4-10). In Anderl, a login command and password is entered before the user is allowed to change a password. A login command is considered to be analogous to the entry of a user I.D.

Additionally, Anderl teaches that multiple passwords may be used to achieve higher levels of security, (Anderl, col. 2, lines 3-9).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the method of Schoenberg and Gray with the teachings of Anderl. As suggested by Anderl, one would have been motivated to include this feature to provide security protection and flexibility in permitting different system applications. (col. 2, lines 17-20)

12. Claims 9, 14, and 15 are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg and Gray as applied to claim 2 above, in further view of Engleson et al., (U.S. 5,781,442).

As per claim 9, Schoenberg and Gray disclose the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method, wherein, if updated patient user medical treatment information is not saved in the database within a predetermined time after the hospital has acquired the individual medical treatment information from the database, notification is sent to the hospital requesting updated individual medical treatment information.

Engleson discloses a method, wherein, if updated individual medical treatment information is not saved in the database within a predetermined time after the hospital has acquired the individual medical treatment information from the database, notification is sent to the hospital requesting updated individual medical treatment information.

The methods disclosed in Engleson teach that a remote terminal near a patient receives medical treatment information, such as a treatment plan parameter. Then, if updated medical information regarding the planned administration of drugs or medical treatment is not transmitted from the remote terminal within a certain predetermined period, an alarm is activated notifying hospital staff to perform the treatment protocol. The facts regarding the recent treatment are then recorded, thus updating the individual medical treatment information in the database, (Engleson, Abstract; col. 1, lines 29-35; col. 4, lines 50-63; col. 6, lines 41-51; col. 8, lines 54-65; col. 9, lines 20-26; col. 10, lines 12-14; col. 11, lines 16-23).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Schoenberg and Gray with Engleson to arrive at the method in claim 9. The motivation would be to integrate patient care information with other institutional databases to achieve a reliable, efficient, and cost-effective delivery of health care to patients (Engleson; col. 2, lines 15-21).

As per claim 14, Schoenberg and Gray disclose the method for sharing information concerning medical treatment of an individual according to claim 2. However, Schoenberg fails to teach a method for sharing information concerning medical treatment of an individual according to claim 2, further comprising including treatment costs in the individual medical treatment information.

Engleson suggests a method wherein treatment costs are included in the individual medical treatment information, (Engleson, col. 1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Schoenberg and Gray with Engleson to arrive at the method in claim 14. The motivation would be to more fully capture billing opportunities (Engleson; col. 1, lines 36-42).

As per claim 15, Schoenberg and Gray teach the method for sharing information concerning medical treatment of an individual using the user ID and user password as keys. However, Schoenberg fails to teach a method wherein the user is issued with a treatment cost report calculated from the treatment costs on the database.

Engleson suggests a method wherein the user is issued with a treatment cost report calculated from the treatment costs on the database, (Engleson, col. 1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Schoenberg and Gray with Engleson to arrive at the method in claim 15. The motivation would be to more fully capture billing opportunities (Engleson; col. 1, lines 36-42).

13. Claim 10 is rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg, Gray, and Engleson as applied to claim 9 above, and further in view of Nelson.

As per claim 10, Schoenberg, Gray and Engleson disclose a method for sharing information concerning medical treatment of an individual. However, they do not clearly provide a method wherein notification of the updating of the individual medical treatment information is sent to the user when updated individual medical treatment information is saved in the database.

Nelson provides a method wherein notification of the updating of the individual medical treatment information is sent to the user when updated individual medical treatment information is saved in the database, (Nelson, col. 15, lines 47-61).

At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine Nelson with the collective system of Schoenberg and Engleson. The motivation would have been to provide a high efficiency communications system to enhance data communications. (Nelson, col. 4, lines 37-39).

14. Claims 17-18, are rejected under 35 U.S.C. 103(a) as being unpatentable over Schoenberg and in view of Anderl et al (US 4,882,474).

[claim 17] Schoenberg discloses system comprising:

- a database containing information concerning medical treatment a user wherein the user is a patient; (Figure 5; col. 5, lines 33-col. 6, line 25)

- a first computer readable medium containing a program that when executed by a processor sends a user password and a second password to a user terminal; (col. 4, lines 52-col. 5, lines 25-codes provided to patients or healthcare providers)
- a third computer readable medium containing a program that when executed by a provides information about the second password from the user to the person. (Schoenberg: Figure 2; col. 4, lines 52-col. 5, lines 25, lines 33-col. 6, line 44—tiered access, passwords have hierarchical categories)

Schoenberg discloses the system as explained but does not expressly disclose a system wherein a second password is requested when a person other than the user accesses the database containing the information. Anderl discloses a system comprising a second computer readable medium containing a program that when executed by a processor requests the second password when a person other than the user accesses the database containing the information. (col. 2, lines 3-30; Figure 6; col. 11-21) At the time of the Applicant's invention, it would have been obvious to modify the system of Schoenberg with the teachings of Anderl. As suggested by Anderl, one would have been motivated to include this feature to provide security protection and flexibility in permitting different system applications. (col. 2, lines 17-20)

[claim 18] Schoenberg discloses the system of claim 17 as explained above, but does not expressly also does not disclose a system wherein a processor requests the

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user password when the second password is altered. Anderl discloses a system wherein the user password is requested when the second password is altered, (Anderl, col. 8, lines 4-10) (e.g. system requires that a password be given for a password to be changed). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to combine the teaching of Anderl with Schoenberg. As suggested by Anderl, one would have been motivated to include this feature to provide security protection and flexibility in permitting different system applications. (col. 2, lines 17-20)

Response to Arguments

15. Applicant's arguments with respect to claims 2-18 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

16. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. Rozen et al (US6073106A)

Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RACHEL L. PORTER whose telephone number is (571)272-6775. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, (Christopher) Luke Gilligan can be reached on (571) 272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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/R. L. P./
Examiner, Art Unit 3626

/C. Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626